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Substitute for form 1449/PTO		Complete if Known	
<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</b>  (Use as many sheets as necessary)		Application Number	10/625,100
		Filing Date	
		First Named Inventor	Santiago Munne
		Art Unit	1632
		Examiner Name	Ton
Sheet		of	
		Attorney Docket Number	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>
TNT	1	Munne S et al (2003) In: A color atlas of human assisted reproduction: clinical and pp179-194	
TNT	2	Munne et al. (1998) Preimplantation diagnosis of the aneuploidies Prenat Diagn. 18:1459-1466	
TNT	3	Veiga et al. (1999) Confirmation of diagnosis in preimplantation Prenat Diagn 19:1242-7	

Examiner Signature	thaien	Date Considered	11/17/05
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. \*\*Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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[illegible][illegible]

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